



2005 YEAR-END PROGRESS REPORT TO RI-DHS

Open Access Evaluation

QUALITY PARTNERS OF RHODE ISLAND

Incorporated in 1995, Quality Partners of Rhode Island is a not-for-profit quality improvement organization dedicated to providing healthcare professionals with tools, consultation, and reliable information to improve the quality of their services. Quality Partners designs and develops intervention strategies, clinical resource information, and quality improvement strategies for numerous Rhode Island healthcare settings (nursing home, hospital, home health, and physician offices) to implement. Improving primary care access is a critical item on Quality Partners' agenda.

Quality Partners of Rhode Island has a wealth of experience in helping primary care physicians to increase both the effectiveness and the efficiency with which they provide patient care. Consultations and training are collaborative in nature and are grounded in systematic, evidence-based approaches to healthcare delivery.

OPEN ACCESS SCHEDULING COLLABORATIVE

The Open Access collaborative was funded through grants from the Rhode Island Foundation, Amgen, Neighborhood Health Plan of Rhode Island, and the RI Department of Human Services. Six clinical teams have participated in the trainings.

Open Access scheduling is a method of matching provider supply to patient demand, such that many or most patients are seen on the day they call for an appointment. The motto of Open Access is "Do Today's Work Today." Providers who have adopted the open access model find dramatically decreased wait times for patient appointments, higher patient satisfaction with their services, and decreased need for triage of patients calling for appointments. Multiple-provider sites that use open access scheduling have a higher rate of patients being seen by their primary provider than sites that use traditional scheduling models.

OPEN ACCESS EVALUATION

Quality Partners has provided a team of experts to implement and evaluate the Open Access model in various health care centers. To facilitate the evaluation process, a set of measurement tools has been developed.

Evaluation Team

In addition to their own staff, Quality Partners has identified members from Brown University's Department of Community Health and Catherine Tantau Associates to assist with the Open Access evaluation. Dr. Patrick Vivier has lent his insight and experience to the study design issues and data collection methods. Catherine Tantau is the creator of the Open Access Model; her expertise and enthusiasm has been incorporated at all stages of the project implementation and evaluation. The Open Access Evaluation Team includes the persons listed in Table 1.

Table 1. Evaluation Team for the Open Access Project

| Quality Partners of Rhode Island | |
|--|-----------------------------------|
| Deidre Gifford, MD MPH | Project Director |
| Maureen Claflin, MSN, RN | Project Manager |
| Johanna Bell, MPH | Consultant |
| Meg Richards, PhD | Senior Scientist |
| Kristen Gurba, MPH | Senior Health Information Analyst |
| Brown University Department of Community Health | |
| Patrick Vivier, MD, MPH | Primary Care Consultant |
| Priya Mital, MD | MPH Assistant |
| Catherine Tantau Associates | |
| Catherine Tantau, BSN, MPA | Consultant |

Evaluation Plan

The Open Access Project has been designed as a pilot study to demonstrate the benefits of Open Access scheduling to primary care centers. There are six community health centers adopting the Open Access model. Two community health centers will serve as comparison sites. The Open Access Evaluation Plan includes the sites listed in Table 2.

Table 2. List of Open Access Implementation and Control Sites

| Participating (Implementation) Sites |
|--|
| <ul style="list-style-type: none"> • Brown University Health Services, Providence, RI • Hasbro Rainbow Clinic, Providence, RI • Planned Parenthood, Providence, RI • Providence Community Health Center (Capitol Hill), Providence, RI • SStar Family Health Center, Fall River, MA • Thundermist of South County, Wakefield, RI |
| Comparison (Control) Sites |
| <ul style="list-style-type: none"> • St. Joseph Hospital, Providence, RI • Providence Community Health Center (Central or Olneyville), Providence, RI |

Evaluation Measures

Measures are listed in Table 3 below and are included in detail as Appendices.

Evaluation of the impact of Open Access scheduling will be carried out both qualitatively and quantitatively. Descriptive data, such as population demographics, will be collected on all of the Open Access implementation sites. These characteristics will allow us to better understand the differences between health centers, and will assist in determining what factors may be controlled for in the analysis of the data. Collecting this information will also allow us to choose appropriate comparison sites. The details of each of the descriptive variables included in this measurement are given in Appendix A.

The direct outcome measures of Open Access are described in Table 3. Collection of this data will allow us to understand how adoption of the Open Access model has impacted the daily operations of the six implementation sites. Data collection tools have been developed for this purpose, and are listed in Appendix B. We have also developed surveys for measuring patient satisfaction and provider/staff satisfaction, which have been included as Appendices C and D respectively.

We plan to interview later the sites that adopted the Open Access model successfully. These key informant interviews will be conducted on a one-to-one basis with all the implementation sites. This information will prove invaluable in making future policy decisions about training and implementation of Open Access at other primary care sites. We have developed a team preparation and implementation of Open Access checklist (included as Appendix E), which measures the degree of model penetration on a quantitative scale.

As part of the Open Access evaluation, we would like to measure the effect of Open Access Scheduling on Rhode Island Emergency Department utilization. Data from RI Emergency Departments before and after Open Access implementation will be analyzed to determine if any utilization differences exist.

Table 3. Evaluation Measures

| Descriptive Variables (Demographics of Open Access Sites) |
|---|
| <ul style="list-style-type: none"> • Patient population served • Physician and staff structure • Primary reason for patient visit • Federally Qualified Health Ctr., "Look-alike", or Independently Funded |
| Direct Measures of Outcome of Open Access (Anticipated Benefits) |
| <ul style="list-style-type: none"> • Delay (wait time for third next appointment) • Patient satisfaction • Provider and staff satisfaction • No show rate • Cycle time |
| Key Informant Interviews with participating sites (Penetration of OA Model) |
| <ul style="list-style-type: none"> • Predictors of successful adoption of Open Access scheduling • Local problems and challenges faced during adoption of Open Access • Assess the degree of penetration of Catherine Tantau's model |

Evaluation Timeline

The Open Access Evaluation Project has been organized as two phases: Implementation Phase, and Data Collection/Analysis Phase.

The implementation phase started in April 2005 with the identification of participating sites and comparison sites. Participating sites are currently receiving Open Access training via Learning Sessions and conference calls with Catherine Tantau.

The second phase of data collection and analysis will commence in January 2006, with collection of site demographic data and pilot testing of data collection tools (Appendices A - E). This will be followed by collection of outcome evaluation measures. The project will finish with the key informant interviews. Emergency Department utilization analysis will be conducted after the sites have demonstrated long-term adoption of the Open Access model.

APPENDICES

Table of Contents

| Appendix | Description |
|-----------------|--------------------|
|-----------------|--------------------|

| | |
|-------------|-----------------------------------|
| Appendix A: | Demographics of Open Access sites |
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| Appendix B: | Direct measures of outcome of Open Access |
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| Appendix C: | Patient access satisfaction survey |
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| Appendix D: | Provider/staff satisfaction survey |
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| Appendix E: | Team preparation and implementation of Open Access checklist for key informant interviews |
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APPENDIX A - Demographics of Open Access Sites

Name of site:

Location:

Federally Qualified Health Center (FQHC): Y / N / Look alike

Information about patient population served:

- Age distribution of patients
- Distribution of patients by gender
- Estimated no. of unique patients in practice
- Average no. of patients served in a day
- Insurance status distribution: Y / N / Intermittent
- Source of insurance distribution: Medicaid / Medicare / Private / Uninsured

Information about physicians and staff:

- Total no. of Physicians
- Total no. of Physician Assistants/ Nurse Practitioners
- Total no. of Registered Nurses
- Total no. of LPNs
- Total no. of Licensed Nurse Assistants/ Medical Assistants
- Total no. of Administrative Assistants
- Total no. of Administrative Staff (Medical Records Manager, IT person)

Primary reasons for visit (according to specialty): Internal Medicine, Pediatrics, Obstetrics/Gynecology, Family Practice, etc.

APPENDIX B - Direct Measures of Outcome of Open Access

| TOOLS | WHO COLLECTS | METHOD OF MEASUREMENT | FREQUENCY OF MEASUREMENT | FREQUENCY OF COLLECTION |
|---|---------------------|---|---|--|
| Delay (wait time for 3 rd next appointment) | PM* | Ask the receptionist when is the next 3 rd appointment available (for any provider and for a specific physician) Refer to the records. | Once a week | Once a week (same day, same time each week) |
| Patient Satisfaction | PM | Pick a random sample of 5 patients from the office. Interview them and fill out the survey. | Twice a week | Twice a week |
| Provider& Staff Satisfaction | PM | Ask each provider to fill out the survey. | One time measure (for each site) | Once (for each site) |
| No show rate | Receptionist/ PM | Collect the no. of failed appointments retrospectively. | Data is summarized at the end of the month. | Once a month |
| Cycle time | Receptionist/ PM | A time sheet would be handed over to the person sitting at the front desk who would ask patients to enter the check-in and checkout time of their visit. | Twice a week | Once a week (both the sheets are collected) |

* PM = Priya Mital (Research Assistant)

APPENDIX C - Patient Access Satisfaction Survey

1. How satisfied were you with the length of time between making this appointment and the actual visit?

- ☐ Extremely satisfied
- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know

2. What was the first day you were offered for this appointment?

- ☐ Same day
- ☐ 1 day
- ☐ 2 days
- ☐ 3-7 days
- ☐ 8-14 days
- ☐ 15-28 days
- ☐ 28+ days
- ☐ Don't know

3. How many calls did it take to schedule this appointment?

- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four+
- ☐ None (made in person)
- ☐ Don't know

4. Was your appointment scheduled with your Primary Care Provider?

- ☐ Yes
- ☐ No
- ☐ No preference
- ☐ Don't know

5. Please rate the overall ease and convenience of getting this appointment.

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know

APPENDIX C - Patient Access Satisfaction Survey, continued

6. How much time did you wait (in the waiting room and in the examination room) before you saw the doctor today?

- ☐ Less than 10 minutes
- ☐ 11-15 minutes
- ☐ 16-30 minutes
- ☐ 31- 60 minutes
- ☐ More than one hour
- ☐ Don't know

7. How much time did you spend in the doctor's office today in total (i.e. time from check-in to check-out)?

_____ minutes / hours (circle unit)

- ☐ Don't know

8a. Have you visited an Emergency Department in the last 30 days?

- ☐ Yes
- ☐ No
- ☐ Don't know

If 'No' to 8a, END interview.

If 'Yes' to 8a:

8b. How many times did you visit the Emergency Department (ED) in the last 30 days?

_____ visit/s

- ☐ Don't know

8c. Think about your most recent ED visit. For what reason did you visit the ED?

- ☐ Don't know

APPENDIX D - Provider and Staff Satisfaction Survey

Please respond to the following questions using a scale of 1 to 5, with 1 meaning 'very poor'; 2 meaning 'poor'; 3 meaning 'fair'; 4 meaning 'good'; and 5 meaning 'very good'.

| How would you rate: | Very Poor | Poor | Fair | Good | Very Good |
|--|------------------|-------------|-------------|-------------|------------------|
| 1. The team with which you work? | 1 | 2 | 3 | 4 | 5 |
| 2. The level of courtesy and respect with which you are treated by people at all levels, including medical and non-medical staff? | 1 | 2 | 3 | 4 | 5 |
| 3. How well people you work with cooperate, communicate and help each other out? | 1 | 2 | 3 | 4 | 5 |
| 4. Other peoples' attitudes about working here, in other words, their morale? | 1 | 2 | 3 | 4 | 5 |
| 5. Your own attitude about working here, in other words, your morale? | 1 | 2 | 3 | 4 | 5 |
| 6. Your facility's ability to see patients when they want to be seen? | 1 | 2 | 3 | 4 | 5 |
| 7. Would you recommend this facility as a place for your loved ones to come for care? (1 = would not recommend ... 5 = highly recommend) | 1 | 2 | 3 | 4 | 5 |
| Additional comments? | | | | | |

APPENDIX E - Team Preparation and Implementation of Open Access Checklist

Please respond to the following statements on a scale of 0-2, with 0 meaning 'not at all'; 1 meaning 'some'; and 2 meaning 'totally'.

| How much - or how consistently - did you or your team: | Not at all | Some | Totally |
|--|-------------------|-------------|----------------|
| 1. Review the prework packet, 'Advanced Access and Office Efficiency Improvement' by Catherine Tantau? | 0 | 1 | 2 |
| 2. Select your team members according to the guidelines in the pre-work packet? | 0 | 1 | 2 |
| 3. Work with senior leadership (e.g. program champions) to develop aims and action plans for the program? | 0 | 1 | 2 |
| 4. Review the work materials with team members in regularly scheduled staff meetings? | 0 | 1 | 2 |
| 5. Complete the measurement exercises given in the pre-work packet? | 0 | 1 | 2 |
| 6. Continue to collect data and plot these measures over time? | 0 | 1 | 2 |
| 7. Attend the learning sessions? | 0 | 1 | 2 |
| 8. Participate in conference calls? | 0 | 1 | 2 |
| 9. Send a designated clinical team to all learning sessions? | 0 | 1 | 2 |
| 10. Maintain contact with other site teams and faculty members through email, conference calls or site visits? | 0 | 1 | 2 |
| 11. Use the Collaborative Listserv? | 0 | 1 | 2 |
| 12. Measure demand and supply in accordance with Catherine Tantau's guidelines? | 0 | 1 | 2 |
| 13. Reduce backlog using Catherine Tantau's guidelines? | 0 | 1 | 2 |
| 14. Develop contingency plans using Catherine Tantau's guidelines? | 0 | 1 | 2 |
| 15. Change the clinical team's structure or working hours to support Open Access? | 0 | 1 | 2 |
| 16. Receive the necessary support from your institution? | 0 | 1 | 2 |
| 17. Submit monthly reports? | 0 | 1 | 2 |
| Additional comments (continue on back if needed)? <div style="text-align: right;">Total pts. _____ / 31 max.</div> | | | |